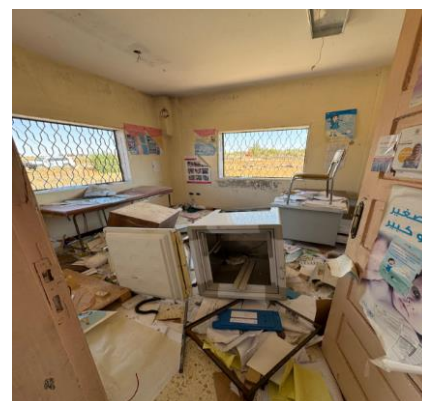


HEALTH SECTOR BULLETIN

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Syria

Emergency type: Complex Emergency

Reporting period: 01.08.2025 to 31.08.2025

People in need	People in health need	People targeted	Number of sub-districts (Severity scale >3)	PIN (IDP)
16,700,000	14,934,889	10,429,496	20 (5) and 118 (4)	5,101,116
PIN (Returnees)	PIN (with disabilities)	PIN (non-displaced)	PIN (Children under five)	PIN (women)
109,690	2,419,451	9,724,083	6,702,425	7,523,339
2025 HRP required (US\$ m)	2025 HRP funded (US\$ m)	Coverage (%)		
565.5	54.7	9.7		

KEY ISSUES	2025 HRP indicators (July)	
<ul style="list-style-type: none"> An urgent call to action from the Global Health Cluster A message from the nutrition sector Abstract from the meeting in the MoH Salary scale harmonization Key issues for Idlib and Aleppo Key issues for Deir-ez-Zoir, Raqqa and Hassakeh Key issues for Daraa, Sweida, Rural Damascus UNICEF Call for Proposals Levels of health sector technical assistance to the Ministry of Health Health Systems Strengthening Sector assistance with reconstruction Sector assistance with capacity building Sector' referral pathway Health sector updates 	Treatment courses provided	2,246,943
	Treatment courses provided in areas of severity scale >3	1,146,743
	Medical procedures supported	1,939,302
	Medical procedures supported in areas of severity scale >3	1,346,131
	Percentage of medical procedures supported by mobile units	21%
	Cases referred to for treatment	19,586
	Percentage of reached sub-districts	82%
	Percentage reached sub-districts in areas of severity scale >3	47%
	Number of operational mobile medical units, including teams	267
	Number of operational mobile medical units, including teams, in areas of severity scale >3	144
	Number of reporting organizations	61
	Number of implementing partners	96

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SITUATION OVERVIEW

- Syria continues to navigate a complex and evolving landscape. The country faces significant political, security, humanitarian, and economic challenges as it strives to rebuild and establish stability. Challenges persist in ensuring inclusive governance, especially amid concerns from minority communities. The security situation remains volatile across the country. Syria stands at a critical juncture, striving to rebuild amidst political fragmentation, security challenges, and a dire humanitarian situation. The path forward requires cohesive governance, inclusive dialogue, and sustained international support to address the multifaceted challenges and to pave the way for a stable and prosperous future.
- In January – August 2025 the sector reported 34 incidents of attacks on health care across the country.
- As per UNHCR, as of 31 July 2025, 1,107,200 Syrians have returned since January 2024, of which 746,360 individuals since the 8 December 2024.

<i>From January 2024 to 31 July 2025</i>			
<i>Country</i>	<i>Total households</i>	<i>Total individuals</i>	<i>%</i>
Lebanon	95,419	448,698	41%
Turkiye	89,881	399,024	36%
Jordan	35,432	177,897	16%
Iraq	10,484	52,414	5%
Egypt	5,022	25,016	2%
Others	824	4,151	0%
<i>Grand Total</i>	<i>237,062</i>	<i>1,107,200</i>	

- As per the CCCM Sector, there are 1,418,726 individuals (265,700 households), hosted in 1,656 IDP sites in Syria. Of these, 74% are women and children, and 51,690 individuals are reported to be persons with disabilities. Geographical Breakdown - Northwest Syria: 1,281 IDP sites hosting 1,145,053 individuals (213,462 households); Northeast Syria: 375 IDP sites hosting 273,673 individuals (52,238 households).
- Following violence in Sweida governorate, as per CCCM Sector, there are 174 IDP sites hosting a total of 28,341 individuals (6,127 households) across the three governorates, including Daraa: 17,296 individuals across 70 sites, Rural Damascus: 4,149 individuals in 22 sites, As-Sweida: 6,896 individuals in 82 sites. An online tracker is available to review existing service gaps and the support provided within the collective centers.
- IOM DTM reports that as of 24 August, there is a total of 164,235 IDPs because of the hostilities. As of 24 August, across all five governorates where IDPs were present, 59 per cent (96,945 individuals) of IDPs are living with host families. This is especially significant in As-Sweida, where people displaced within the governorate are staying with people they know, totaling 75 per cent (88,987 individuals) of the IDPs staying with hosting families.
- As of 25 August, the IDP Task Force reported that the total number of IDPs in As-Sweida Governorate stands at approximately 187,200 people. Of these, around 66 per cent, 124,100 IDPs remain settled within As-Sweida itself, while around 28 per cent, 51,800 IDPs have been reported settling in Dar'a Governorate. Rural Damascus has also received around 6 per cent, 10,600 IDPs. Within As-Sweida, the majority of IDPs are concentrated in As-Sweida and Shahba districts. In Dar'a Governorate, displaced populations are predominantly located in Dar'a and Izra' districts. Return movements were also recorded, with approximately 8,500 IDPs returning to their communities of origin in Salkhad District around 4,200 people and in As-Sweida District, around 3,600 people.
- The Statement by the UN Resident and Humanitarian Coordinator for Syria, Mr Adam Abdelmoula, on World Humanitarian Day. [Statement by UN Resident and Humanitarian Coordinator for Syria, Adam Abdelmoula on World Humanitarian Day \(19 August 2025\) - Syrian Arab Republic | ReliefWeb](#)

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- Joint Statement by UN Resident and Humanitarian Coordinators in the Occupied Palestinian Territory (OPT), Syria, Yemen and Lebanon on WHD. [Joint Statement by UN Resident and Humanitarian Coordinators in the Occupied Palestinian Territory \(OPT\), Syria, Yemen and Lebanon](#)
- Briefing to the Security Council on the humanitarian situation in Syria, 21 August, Mr Tom Fletcher, Under-Secretary-General for Humanitarian Affairs and Emergency Relief Coordinator.
- Joint Operating Principles: Ensuring the Delivery of Principled Humanitarian Action in Syria August 2025 was approved by HCT Syria.

PUBLIC HEALTH RISKS, PRIORITIES, NEEDS AND GAPS

An urgent call to action from the Global Health Cluster: *Protect humanitarian health workers, preserve humanity*

“Our world is increasingly shaped by conflict, where humanitarian principles are often cast aside, and there is a steady erosion of respect for international humanitarian law. Attacks on healthcare have become horrifyingly routine. Health workers are threatened or attacked, health facilities destroyed, and humanitarian convoys targeted, leaving patients without life-saving care or the most basic care they need to survive.

Between January 2024 and August 2025, WHO documented **2,450 attacks** on health care across **21 countries** and territories. These led to **2,060 deaths** and **2,395 injuries** among health workers and patients. In this same period, **1,392 attacks** impacted health personnel through killing, injury, abduction, arrest and/ or intimidation. All these incidents affect the rights of civilians caught in conflict; rights Member States have committed to protect.

In the face of this escalating crisis, the Global Health Cluster (GHC) unites with partners around the world, on World Humanitarian Day, to issue an urgent call: protect humanitarian action and safeguard the people who risk everything to deliver life-saving health care in crisis-affected and high-risk humanitarian settings.

In 2025 alone, verified attacks on health care include:

- Ukraine: **310 attacks**
- The occupied Palestinian territory, including East Jerusalem: **304 attacks**
- Sudan: **38 attacks** resulting in **933 deaths of health workers and patients**.
- The Democratic Republic of Congo, Haiti, and Myanmar: a combined total of **71 attacks**, impacting health facilities, medical supply chains, health personnel, and patients.

The stories are in the numbers, and they tell a bleak tale of frontline health responders/aid workers and humanitarian staff who were killed or injured while trying to save others.

Despite these conditions, health partners serve in the world’s most complex emergencies. In **27 countries** including the occupied Palestinian territory, Sudan, and Ukraine, Health Clusters are working with **over 900 partners** to ensure that life-saving services continue, there is effective and timely coordination among partners, and that local responders are supported. Roughly **two-thirds of GHC’s partners** are local and national organizations, serving their own communities on the frontlines, facing the greatest risks. Between 2000 and 2023, **86% of all aid worker** victims were national staff from both international and national organizations, and **96%** of those killed, injured, or kidnapped between January and October 2024 were locally- hired staff. Yet when systems falter, our partners and local responders do not. They stay, work together, and deliver. Their resilience embodies humanity’s strength.

Our mission to save lives is under threat, as funding cuts for humanitarian work and shrinking access to the most vulnerable threaten survival. Partners are being forced to scale back operations, close down offices and cut staff, with national NGOs the most affected amongst humanitarian partners[vi]. As of 10 June 2025, **only 12% of funding required under the 2025 Global Humanitarian Overview has been received** leaving humanitarian partners without the resources to reach those with life-threatening needs.

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Meanwhile, we are witnessing the growing politicization of aid. Health is no longer treated as neutral, and humanitarian action is increasingly manipulated or hindered. Between June and November 2024, humanitarian access deteriorated in **20% of 93 countries**, while nearly half of them continue to face high to extreme constraints^[viii]. In Burkina Faso, Haiti, the occupied Palestinian territory, Myanmar and Sudan, bureaucratic hurdles, interference, or extreme access restrictions have forced suspensions and scale-backs of operations and supplies, leaving millions without life-saving care. In some instances, these restrictions have paved the way for the delivery of aid through military-controlled private establishments, violating and ignoring core humanitarian principles, including neutrality and impartiality, and setting a dangerous precedent. Such practices contradict the fundamental humanitarian obligations to ensure centrality of protection and safety and dignity of populations, making them a deeply flawed response. This is a profound betrayal of our collective humanity. The international community has spoken. It has condemned attacks on health. It has affirmed its commitment to protect humanitarian workers. But statements alone cannot shield an ambulance from an airstrike, a doctor from a bullet, or a humanitarian convoy from an errant drone.

Action does!

We call on governments, partners, and the international community at large to move beyond declarations and take urgent, sustained action:

- uphold international humanitarian law and protect health care in all contexts
- ensure accountability for those responsible for attacks on health care
- guarantee sustained funding and support for Health Cluster response, coordination and broader humanitarian action
- empower frontline responders with direct, flexible and predictable resources
- reject the politicization, securitization and privatization of humanitarian aid; and
- affirm that health care must remain neutral, protected and accessible.

If we are to act for humanity, then the time to act is now. Not only with words, but with the courage to uphold the law, the integrity to protect those at risk, and the political will to stand with those who continue to provide care in the darkest of hours.

Saving lives should not cost lives.”

A message from the nutrition sector - advocacy for breastfeeding in emergencies:

- The need for breastmilk substitutes in humanitarian situations must be carefully assessed by skilled personnel, free from conflicts of interest.
- Non-breastfed infants are extremely vulnerable and require early identification and skilled assessment to explore feeding options.
- The nutritional needs of non-breastfed infants affected by emergencies should be met in a way that protects their health and does not dissuade other mothers from breastfeeding.
- Breastmilk substitutes pose significant health risks to vulnerable infants and should only be provided when all other options have been explored.
- If need is established, breastmilk substitutes should be purchased—not donated—to ensure that the procurement and distribution of these products match needs and is done in line with international guidance.
- The procurement should be done by UNICEF or other partners and should be in line with the WHO International Code of Marketing and Breast Milk Substitutes, ‘the Code’.

CALL TO ACTION:

- It is the collective responsibility of all Nutrition Sector partners, other sectors, and stakeholders to report any randomly distributed commercial infant formula.
- Do not call for, support, accept or distribute donations of Breastmilk Substitutes, including commercial infant formula, other milk products, commercial complementary foods, and feeding equipment (such as bottles, teats, and breast pumps).

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- We encourage you to report.
- We encourage you to orientate your staff to raise awareness.

Abstract from the meeting in the MoH:

The MoH Syria defined health systems' challenges: damaged Infrastructure, human resources, weak supply & financing, fragmented Information & governance, emergency preparedness gaps and other.

The impact of INGOs and NGOs on health sector: medical initiatives are crucial for strengthening the healthcare system. From doctors' campaigns and surgical procedures to supporting equipment and supplies, and the launch of vital health projects, these efforts improve access to care, enhance service quality, and support the development of resilient health facilities across all governorates.

Medical campaigns and their impact: In the second quarter of 2025, medical campaigns achieved the following: Consultations and Examinations: 11,890; Surgeries and Medical Procedures: 5,582; Governorates Covered: 11; Specialties: All medical fields.

An example, key achievements from collaboration with IRVD (Al Ameen): providing health services in the new liberated hard to access areas such as Menbij Natonal Hospital, Menbij PHC, Menbij TB and EPI centers; Maarret An-Nouman BeMONC and 24/7 PHC, Investment in Health Infrastructure, Health System Strengthening, Medical Campaigns, Medical Training, Medical Equipment, Medical Consumables.

Update on MoH efforts on reconstruction of public health facilities:

Governorates	Health Centers		Hospitals		Specialized Centers	
	Under Renovation	Renovated	Under Renovation	Renovated	Under Renovation	Renovated
Damascus		1		3		
Rural Damascus	9	4	3	1		
Aleppo	1		1			
Homs		11		4		1
Hama		1				
Lattakia						
Tartous						
Idleb	22	3				
Daraa		4				
Deir Ezzor	7	5	2	5	1	2
Quneitra	2					

Salary scale harmonization:

Abstract, monthly allowance – Development of unit-based costing for operational health sector organizations, May 2025

- A critical assessment of 258 project proposals, 2022-2024, was conducted to evaluate existing costing practices.
- This included a mapping of health activities against the Whole of Syria Health Cluster logframe and pilot unit estimates for select indicators.
- The review revealed wide inconsistencies in indicator interpretation, structural inefficiencies in budgeting, and the limitations of the PBC, project-based costing, approach – laying the foundation for a more data-driven, standardized model.

Indicator	Selected value (SYP)	Final value (SYP)	Final value (USD)
Monthly allowance - Internist	7,800,000	7,800,000	600.00
Monthly allowance - General doctor	7,800,000	7,800,000	600.00
Monthly allowance - Gynaecologist	7,800,000	7,800,000	600.00

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Monthly allowance - Paediatrician	7,800,000	7,800,000	600.00
Monthly allowance - Pharmacy assistant	3,900,000	3,900,000	300.00
Monthly allowance - Health educator	3,900,000	3,900,000	300.00
Monthly allowance - Midwife	4,290,000	4,290,000	330.00
Monthly allowance - Referral officer	3,900,000	3,900,000	300.00
Monthly allowance - Physical therapist	4,550,000	4,550,000	350.00
Monthly allowance - Nurse	3,900,000	3,900,000	300.00
Monthly allowance - Community psychosocial worker	4,225,000	4,225,000	325.00
Monthly allowance - Team leader	4,810,000	4,810,000	370.00
Monthly allowance - Coordinator/supervisor of CTCs/CTUs/ORPs	5,850,000	5,850,000	450.00
Monthly allowance - Auxiliary nurse	3,900,000	3,900,000	300.00
Monthly allowance - Pharmacy manager	4,550,000	4,550,000	350.00
Monthly allowance - Cleaner	2,600,000	2,600,000	200.00
Monthly allowance - Stretcher bearer	2,600,000	2,600,000	200.00
Monthly allowance - Health promoter	3,900,000	3,900,000	300.00
Monthly allowance - Logistics, water and sanitation supervisor	5,850,000	5,850,000	450.00
Monthly allowance - Water and sanitation assistant	3,900,000	3,900,000	300.00
Monthly allowance - Potable water and chlorine solution preparer	3,900,000	3,900,000	300.00
Monthly allowance - Waste area operator	2,600,000	2,600,000	200.00
Monthly allowance - Laundry staff	2,275,000	2,275,000	175.00
Monthly allowance - Water carrier	2,275,000	2,275,000	175.00
Monthly allowance - Logistic assistant	4,485,000	4,485,000	345.00
Monthly allowance - Store keeper	3,250,000	3,250,000	250.00
Monthly allowance - Cook and assistant	2,600,000	2,600,000	200.00
Monthly allowance - Guard	2,600,000	2,600,000	200.00
Monthly allowance - Ambulance staff	3,250,000	3,250,000	250.00

- Above provided table is shared only for consideration purpose as the work on formal approach and system is in progress.
- One of key recommendations was to address salary structure variations across organizations and regions to support more accurate and equitable workforce planning. We continue being in contact with the MoH and WHO as Cluster Lead Agency on related aspects of work.

Planning and prioritization across Aleppo and Idlib governorates:

The following documents were produced and shared with the sub-national health sector coordination groups in Aleppo and Idlib as key reference materials: Health Sector Priorities for 2025 (Aleppo & Idlib) – consolidating the main technical and operational focus areas for partners; 2025 PiN & Sub-District Severity Scale (Aleppo & Idlib) – the most recent severity analysis to guide geographic prioritization.

These documents should serve as core references when drafting project proposals, concept notes, and donor briefs. Alignment to the shared priorities and severity analysis will strengthen consistency across the response and ensure that resources are directed to the most urgent gaps.

Key points to highlight in planning and advocacy:

- Geographic prioritization: Sub-districts with Very High and High severity (4 and above) should be prioritized for new or expanded interventions.
- Service priorities: Humanitarian support to displaced populations and vulnerable host communities, supporting safe and dignified return from areas of displacement to areas of origin, Contingency Planning for displacement and return. Re-establishing PHCs, strengthening emergency and referral systems, ensuring uninterrupted medicine supply (including NCDs), upgrading maternity and neonatal care, and restoring WASH services in facilities remain the sector's top priorities.

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- Cross-cutting needs: Health workforce support, nutrition integration, outbreak preparedness, and MHPSS should be embedded in all project design (when possible).

In addition, across the country all health sector organizations are expected to complete the following steps:

- Carry on own independent ground assessments.
- Cross check with sub-national sector coordination teams.
- Cross check with HIS team on:
 - 4W presence in the area
 - HeRAMS data
 - Health sector referral pathway
 - Health sector assistance on reconstruction/rehabilitation of health facilities, 2022 – 2025
 - Health sector assistance with capacity building
 - EWARS situation

Some of the key concerns by Idleb DoH:

- Limitation or absence of the national budget to cover the governorate
- A need to address the issue of salary harmonization
- The current increase of demand for services by almost 30%, including from out-of-governorate patients, remaining IDP hosting sites and absence of active private sector.
- Suspension and discontinuation of many health sector projects leading to the disruption of services. The referral and emergency response systems are being compromised.
- The service availability and the situation in the west rural Idleb needs to be addressed.
- There is a need to set up a revolving emergency fund with capacity to respond rapidly to urgent needs.

Key concerns and areas for improvement for Hassakeh, Raqqa and Deir-ez-Zoir governorates:

- Security situation and access: recurrent escalation with access challenges
- Surveillance and response: improve access for teams for timely and reliable data collection
- Health workforce and capacity: cross-cutting concern.
- Multiple vulnerabilities imply close coordination needed to leverage sector' technical capacity and stakeholders/donors' confidence.
- Partnership and Coordination: avoid duplication.
- Primary and secondary healthcare: remain priorities.

<i>Some of Hassakeh specific issues and concerns:</i>	<i>Some of Raqqa specific issues and concerns:</i>
<ul style="list-style-type: none"> • Barriers for pregnant women in Al Hol town to access Al Salam Hospital, including transportation costs and distance. • Significant gap in Stabilization Centers (SC) in NES; continued advocacy needed for Severe Acute Malnutrition (SAM) case management. • Banking and fund access issues hinder partner implementation. • The stabilization center at Hassakeh national hospital is not receiving malnutrition cases from Al-Hol camp. • One of the key field hospitals in Al Hol camp with minimal capacity due to funding shortages. No positive funding decisions have been received to date; advocacy continues. • One of the mobile clinics serving the Annexes in Al Hol camp will close by the end of August due to funding constraints. 	<ul style="list-style-type: none"> • Progress on the MoU agreement between health partners and the Local Health Authority- The health sector coordination team is in contact with OCHA and the relevant authorities to achieve a workable solution. • The criteria for assessing the functionality and non-functionality of health facilities in Northeast Syria (NES). • Donating supplies nearing their expiration date to LHA health authorities- ensure that supplies donated to the Local Health Authority (LHA) have at least six months of remaining validity. • Identifying gaps in Sexual and Reproductive Health (SRH) mapping services due to insufficient information from LHA and some partners. • Addressing funding challenges affecting key health sector' operated health facilities. • Noting the lack of laboratory services in major hospitals, such as Tabqa maternity hospital, leading to out-of-pocket expenses for patients.

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<ul style="list-style-type: none"> • A health partner couldn't deliver services inside the Annexes in Al Hol camp. • Restrictions on external referrals from Al Hol camp - currently, only life-saving cases are referred. The field hospital receives a very high number of such patients per month. • The situation with the leishmaniasis cases and their needs is of high concern, including lice and scabies across the camps and host communities. • Health services in Tal Tamer and its surrounding countryside are almost completely absent. Water contamination has also been reported in the area. Cases of leishmaniasis and malnutrition have been observed. • Report any gaps in vaccination coverage to the WHO field team for communication with the Department of Health. • Finalize the ToR for the Health System Strengthening Technical Working Group in collaboration with WHO and organize a meeting planned for September. 	<ul style="list-style-type: none"> • Highlighting banking constraints and security issues that are causing temporary suspensions in camps. • Enhancing coordination in response to lice and scabies outbreaks. • Raising concerns about low community awareness regarding water conservation amid water scarcity in shelters and camps. • Report any gaps in vaccination coverage to the WHO field team for communication with the Department of Health.
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Key messages from Deir-ez-Zoir sub-national health sector coordination:

- Reporting and Documentation - Request: It is imperative that all organizations reflect every activity, intervention, and assistance in their reports and success stories. Objective: This is to form a comprehensive picture of the total support being provided to beneficiaries across the region.
- Coordination and Proposal Alignment - Mandatory Requirement: Any new decision or planned intervention must be linked and aligned by partners with the overarching presentation (or overall strategy) shared by the coordination body. Objective: This ensures that all information is accurate and that interventions are need-based, effectively meeting the actual requirements on the ground.
- Funding Context & The SHF (Syria Humanitarian Fund): Current Need: The humanitarian need in Syria remains immense. The SHF will provide a funding opportunity for partners. Reason for Rejection: Common reasons for not receiving SHF funding typically include: Errors or inadequacies in the submitted proposal; Failure to attend the health sector coordination meetings with partners.
- Key Takeaways for Partners: Improve Reporting: Document everything meticulously; Enhance Coordination: Align all projects with the shared strategy; Ensure Proposal Quality: Submit well-developed, error-free proposals to the SHF; Maintain Engagement: Attendance at sector coordination meetings is mandatory for funding eligibility.

Some of key observations of strengthening sector coordination in Hassakeh, Raqqa and Deir-ez-Zoir governorates:

- The health sector in NES is among the few with a seamless coordination transition, effectively integrating partners and demonstrating steady progress across major activities.
- Although the transition in health sector coordination has been smooth, enhanced service delivery will need effective multisectoral collaboration. Key sectors—including Protection, Food Security and Livelihoods (FSL), and Water, Sanitation, and Hygiene (WASH)—have yet to be fully integrated, which continues to hinder the development of efficient referral pathways for comprehensive multisectoral interventions.
- While several partners are actively engaged in sector meetings and related activities, others require further encouragement to enhance their participation. Discussions with some partners—particularly national NGOs—have revealed that limited resources, especially for meetings necessitating overnight stays, pose a barrier to consistent involvement. Additionally, other partners have expressed a preference for meetings that present analyzed data on the Northeast Syria response, highlighting real-time needs and strategic pathways forward. Such data-driven discussions are viewed as critical to fostering more meaningful and sustained engagement.
- Partners have demonstrated a willingness to actively engage in the activities of the technical working groups, including assuming co-coordination and leadership responsibilities.

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- Partners have collectively called for a potential retreat of the health sector in Northeast Syria to reflect on the coordination transition, identify prevailing challenges, propose viable solutions, and chart the most effective path forward.
- Partners expressed the need for readily available services mapping for special services like tuberculosis, HIV/AIDS treatment among others to enable seamless referrals.
- Vaccination coverage remains a significant concern, as some health facilities—including those operated by partners—exhibit limited reach. In some locations, vaccination teams are deployed only once per week, further exacerbating the population's vulnerability to outbreaks of communicable diseases.
- Health needs across Northeast Syria remain acute, with the region disproportionately affected by reductions in humanitarian funding. Of particular concern is the situation in Al Hol camp, where health service delivery has been severely compromised. The annexes (Phases 5 and 6) lack functional health facilities, with the exception of the Mobile Medical Unit (MMU) operated by IRC, which is scheduled to cease operations by the end of August. Similarly, the field hospital managed by SILER—the only facility providing 24-hour care within the camp—and the pediatric unit operated by IRC are also expected to close by the end of August due to funding constraints.
- Partners have voiced concerns regarding the level of representation for Northeast Syria at the national level regarding prioritization of assessments specific to the region. It is also pertinent to encourage partners to share individual assessment findings with the coordination team to foster greater collaboration and informed decision-making.
- There is an urgent need to scale up Mental Health and Psychosocial Support (MHPSS) activities in NES, where the demand remains high and the number of implementing partners is limited. Recent reports from the local health authority indicate a concerning rise in suicide cases, underscoring the critical importance of expanding MHPSS interventions.
- Worm infestation has been frequently observed by partners operating in supported health facilities, indicating a widespread public health concern. Implementing a deworming campaign would offer a cost-effective intervention to reduce transmission and prevent associated complications.
- Capacity building efforts for healthcare workers remains a priority and must be encouraged for all health partners to improve service delivery, key topics will include integrated management of childhood illnesses, comprehensive package on management of non-communicable diseases, clinical management of rape and intimate partner violence in emergencies, healthcare waste management, among others.

Key considerations for the southern response:

Operational health sector partners across the south responding to violence in Sweida to consider:

- To coordinate any plans with the Governor's Office for Sweida as the Director, DoH Sweida, does not have operational control of rural western and northern parts of Sweida governorate.
- To maintain a direct contact with the Ministry of Health of Syria in Damascus.
- When information is received on possible return of population, to deploy mobile medical teams to work at the premises of existing DoH PHC facilities.
- When information is received and confirmed on return and stay of the original villages, to roll out reactivation of all DoH PHCs, including repairs, rehabilitation, provision of basic and essential medicines, consumables, instruments and basic medical equipment, furniture.
- To continue needs assessments.
- To ensure delivery and distribution of life saving and life sustaining health supplies (including medicines, kits, consumables and equipment) via SARC convoys and bilaterally.
- To ensure delivery of integrated health services via mobile teams and static health to reach out to IDP hosting sites and health facilities in affected areas but from the premises of the local PHC centers where they exist while jointly with the local health authorities providing information about available services at all local IDP hosting sites and gatherings.
- To support the MoH/DoH with vaccination and disease surveillance priorities in affected areas.
- To identify solutions for emergency referral pathway especially within Sweida, Daraa governorates as well as outside.
- To continue to support public PHCs and hospitals.

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Some of the key observations by the HR/RC directly and indirectly related to health situation following his field visits in Sweida and Daraa governorates:

- *People reportedly wait for up to 12 hours in long queues to fill their fuel tanks. This acute lack of fuel and diesel has severely disrupted mobility and commercial activity.*
- *Doctors and hospital staff are in some cases unable to reach hospitals due to the absence of transport. Public sector workers reported not receiving salaries for at least the last two months, further straining household resilience.*
- *With cooking gas unavailable, families are resorting to cutting trees or burning plastic for firewood, exposing them to environmental hazards and health risks.*
- *At the National Hospital in As-Sweida there is an acute shortage of medications, diagnostic equipment, surgical tools, and even fuel for generators. Shahba National Hospital is also under immense pressure, operating beyond capacity and lacking essential equipment and consumables. Both hospitals management handed over to the assessment team a list of needs.*
- *In several western rural areas ... health facilities ... had been looted and burned, leaving basic services almost entirely disrupted.*
- *Critical infrastructure has also been heavily impacted. The main water pumping station, which supplies a significant portion of the Governorate, and a key electrical plant providing power to the area, were found to be severely damaged.*
- *The majority of residents from the affected communities have been displaced, with some villages now almost completely deserted. Those who remain are visibly traumatized by violence and destruction.*
- *Urgent efforts are required to rehabilitate water, electricity, health, education, and bakery services in order to enable communities to return and rebuild their lives.*
- *New groups of IDPs arrived in Dar'a Governorate, many of whom had previously settled in areas unsuitable for safe or sustainable living. As a result, they are now arriving in extremely vulnerable conditions, with urgent needs for food, water, healthcare, clothing, and shelter materials.*

List of interested health sector partners and their funding requirement for the southern response:

The health sector emergency response plan on violence in Sweida was prepared and disseminated. 11 operational sector organizations are in immediate need of 22 million USD for the next 6 months.

<i>Location / Governorate</i>	<i>Organization</i>	<i>Funding requirements</i>	<i>Funding received</i>	<i>Funding gap</i>
Daraa, Sweida	UOSSM	966,400	0	966,400
Daraa	Youth Charity	195,000	0	195,000
Daraa, Sweida	UNFPA (including SRH WG partners)	1,153,990	0	1,153,990
Daraa, Sweida	SAMS	935,000	25,000	915,000
Daraa	Mehad	1,000,000	146,000	834,000
Daraa, Sweida	BAHAR	230,000	30,000	200,000
Daraa, Sweida	UNICEF	378,500	338,000	40,500
Daraa, Sweida, Rural Damascus	WHO	15,000,000	0	15,000,000
Daraa, Sweida	Rawafed Al-Khaboor Association	780,000	0	780,000
Daraa, Sweida	IMC	2,500,000	1,600,000	900,000
Daraa, Sweida	MedGlobal	1,000,000	200,000	800,000
TOTAL:		24,138,890	2,339,000	21,784,890

Disease surveillance situation across the country:

Please check regularly the online interactive dashboard: [Microsoft Power BI](#)

UNICEF National Call for Proposal (Health and Nutrition):

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August 2025

UNICEF launched a national calls for proposals (health and nutrition) for interested future partners in 2026-2027 to apply as per following link: [UN Partner Portal](#)

Noting that this is national for partners implementing in more than 3 Governorates across the country and that there is will another dedicated call to the southern region only, launched separately, and other calls will be made soon on hub level. Deadline for clarifications on UNPP was 20th Aug 2025. Deadline for submission was extended to 9 September.

HEALTH SECTOR ACTION/RESPONSE

Southern response tracking indicators for the sector - 13 July - 31 August 2025

The HIS team works on the consolidation of key response indicators to reflect the levels of assistance. This includes:

Indicator:	Response:
Total population in affected governorates	1,500,000
PIN in affected governorates	627,746
Target in affected governorates	627,746
<i>4W 2025 HRP related indicators</i>	
# of outpatient consultations	32,443
# of trauma consultations supported	1,512
# of mental health consultations supported	1,720
# of physical rehabilitation sessions supported	-
# of vaginal deliveries attended by a skilled attendant	-
# of caesarean sections supported	-
# of cases referred for specialized treatment	-
# of Ante-Natal Care (ANC) visits	948
# of treatment courses delivered to health facilities	67,492
# of operational mobile medical units, including medical teams	15
<i># of operational mobile medical units, including:</i>	
GP	6
Pediatrician	7
Gynecologist	5
Pharmacy	12
EPI/Disease surveillance	13
SRH	7
MHPSS	8
<i>SARC specific indicators:</i>	
Number of beneficiaries from emergency medical services	2,378
Number of transferred cases	1,690
Number of beneficiaries from PHC services, including MHUs, EHPs, MMTs, clinics	8,849
Number of beneficiaries from community-based health and first aid services	4,501
Number of beneficiaries from physiotherapy services	1,105
Number of surgical equipment provided to hospitals	581
Number of EWARS sentinel sites, including active before 13 July and present, Daraa, Sweida, Rural Damascus	Sweida {62/8}, Daraa {78/68}, Rural Damascus {130}
Number of EWARS reports collected, including IDP hosting sites, Daraa, Sweida, Rural Damascus	Daraa {426/107}, Rural Damascus {584}, Sweida {48}
Number of EWARS outpatient consultations provided, including IDP hosting sites, Daraa, Sweida, Rural Damascus	Daraa {86,590/6318}, Rural Damascus {125,914}, Sweida {3,237}
Three most common diseases tracked, including IDP hosting sites	Daraa {ILI, AD, AJS/ILI, AD, LIC}; Rural Damascus {ILI, AD, AJS}; Sweida {AD, ILI}

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Number of EPI/Disease Surveillance RRTs, DoH, including IDP hosting sites	Daraa {8/13}; rural Damascus {13}, Sweida {0}
Number of children under 5 years old screened in IDP hosting sites	3130
Number of children vaccinated in IDP hosting sites	378
Number of zero-dose cases detected in IDP hosting sites	42
Number of total dropout cases detected in IDP hosting sites	37
Number of partial dropout cases detected in IDP hosting sites	160
Coverage of EPI/EWARS teams of IDP hosting sites	95% in Daraa
<i>Functionality status of public PHCs (fully functional, partially functional, non functioning)</i>	
Dara, PHC, fully functional/partially functional/not functioning	22 fully functional, 76 partially functional, 13 non functioning. Total - 111.
Sweida, PHC, fully functional/partially functional/not functioning	8 fully functional, 60 partially functional, 23 non functioning. Total - 91.
<i>Functionality status of public hospitals (fully functional, partially functional, non functional)</i>	
Dara, Hospital, fully functional/partially functional/not functioning	1 fully functional, 6 partially functional, 0 non functioning. Total - 7.
Sweida, Hospital, fully functional/partially functional/not functioning	2 fully functional, 2 partially functional, 0 non functioning. Total - 4.
Number of registered and reported incidents of violence against health care	21
Number of public health facilities that became dysfunctional since the onset of violence	35 out of 91 in Sweida
Number of IA convoys delivering health supplies	7
<i>Funding gap by operational health sector organizations:</i>	21,000,000 {out of 24,139,000}
UOSSM	966,400
Youth Charity	195,000
UNFPA (including SRHWG partners)	1,153,990
SAMS	915,000
MEHAD	834,000
BAHAR	200,000
UNICEF	40,500
WHO	15,000,000
Rawafed Al-Khaboor Association	780,000
IMC	900,000
MedGlobal	800,000
Number of health sector situation reports produced	17
Number of health sector response plans developed	1
Number of IA assessment missions with participation of health sector	8
Developed trauma referral pathway	1
Number of remotized MHPSS services delivered to PIN	480
Number of MHPSS services delivered to frontline workers, including health	169
Availability of health services in IDP hosting sites	1
Operational coverage of IDP hosting sites by integrated mobile medical teams and fixed clinics	78 out of 110, or 71%
Operational coverage of affected communities by integrated mobile medical teams and fixed teams	102 locations
Number of ambulances deployed	4 in Daraa
Number of health kits distributed, including IEHK, trauma, NCD	

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1. IEHK kits	14
2. Trauma kits	54
3. NCD kits	1
4. Assorted medicines	64 types
5. Psychotropic medicines	1,738 patients
6. Midwifery kit	10
7. Obstetric surgical kit, complete	5
8. Pediatric kit	140
9. Lice shampoo 100 ml	60,000
Number of medical consumables distributed, including body bags, blood bags, dialysis sessions	10,815
1. Dialysis sessions	150
2. Body bags	665
3. Blood bags	10,000
4. Medical and non medical instruments	12 types
Type of key medical equipment provided to hospitals	15
- Dialysis machines	15 in Daraa
Number of implementing partners via 4W weekly response tracker	Al Bir, DYC, Ghiras, GOPA, LSA, MoH, NFRD, SARC, SFPA, Tamayoz
Number of reporting partners via 4W weekly response tracker	DYC, GOPA, IMC, UNFPA, UNICEF, WHO
List of operational health sector partners:	
National authority: The Ministry of Health of Syria, DoH Sweida, DoH Daraa, DoH Rural Damascus	
National society: SARC	
UN agencies: WHO, UNICEF, UNFPA	
INGOs: IRC, MedGlobal, Sham Humanitarian, Shifa, IDA, Mehad, the Syrian-Germany Medical Association, IMC, SDI, SAMS, BAHAR, UOSSM, Samaritan' Purse	
NNGOs: Al-Birr/UNICEF, SFPA/UNICEF/UNFPA, Al Tamayoz/UNICEF, NFRD/UNFPA, Youth Charity, Lamset Shifa/WHO, Ghiras/UNICEF, GOPA-DERD	
Observers: ICRC and all branches of MSF	
Sub-sector working groups: MHPSS, SRH, RCCE, Trauma/Disability	

Key steps for the coordination of the sector response on violence in Sweida:

- Participated in the working meeting with the Ministry of Emergency and Disaster Management on the escalation of violence in Sweida.
- Participated in 4 inter-agency assessment missions to Sweida and Daraa governorates and shared key findings and observations for the sector.
- Provided final sector inputs for the inter-sector emergency response plan on violence in Sweida, including advocacy on additional coverage of affected and displacement population outside of Sweida governorate.
- Shared with OCHA the biweekly operational plans for Sweida response as requested by MoFA.
- Provided sector level inputs to OCHA Flash Updates on violence in Sweida.
- Produced health sector situation reports on violence on Sweida N14 – N17.
- Informed the sector on a number of related updates on violence in Sweida.
- Followed up on the weekly response tracking tool on violence in Sweida for OCHA as well the sector response infographic (pending).
- Updated the sector operational coverage across IDP hosting sites in Daraa as well as overall coverage by integrated mobile medical teams across Daraa governorate.
- Streamlined information flow on needs and priorities between the ground operations, the sector and the MoH at the national level.
- Continued to reach out to the responsible stakeholders on facilitation of operational meetings at the level of the DoH Daraa with all operational partners.

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- Followed up in place with IOM, CCCM, IDP Task Force reported data and information on displacement figures and sector' coverage.
- Followed up on the health sector needs and priorities as defined by the Ministry of Emergency and Disaster Management.
- Developed and disseminated Health Sector Syria Situation Updates N 9 - 13, violence in Sweida.
- Developed and disseminated Health Sector Syria Emergency Response on violence in Sweida.
- Validated 21 incidents as part of the monitoring of violence against health care.
- Anticipated participation in inter-agency missions to Daraa and Sweida governorates. Both missions have not been approved.
- Followed up on the key findings of the latest consultative meeting held by the Ministry of Emergency and Disaster Management on violence in Sweida and related displacement.
- Worked on the response' tracking in IDP sites/shelters and affected communities.
- Coordinated details of health supplies as part of ongoing inter-agency convoys under SARC umbrella.
- Participated and represented the health sector in all OCHA organized and led coordination meetings.

Health sector key achievements' indicators, January – May 2025, as shared with the Global Health Cluster:

	January	February	March	April	May	June
Number of PHC/OPD consultations	1,948,220	1,881,404	1,829,351	1,744,666	1,762,835	1,580,659
Number of trauma consultations	88,437	100,440	164,107	117,849	101,718	136,114
Number of mental health related consultations	32,553	37,337	40,287	53,087	68,324	68,186
Number of disability related consultations	17,175	15,045	14,804	16,497	12,647	13,669
Number of vaginal deliveries attended	11,041	9,754	10,540	8,979	9,235	9,737
Number of caesarian sections supported	4,290	3,536	3,488	3,003	3,728	4,210
Number of children under the age of 1 received DPT3 vaccine	37,980	36,988	41,084	57,366	36,866	6,003
Number of children under the age of 2 received MMR2 vaccine	37,022	39,117	42,573	68,195	36,926	6,273
Number of Ante-Natal Care (ANC) visits	97,487	88,776	91,766	91,621	92,520	85,475
Number of mobile clinics	257	270	269	286	263	273

Closing conference of the Shifaa 2 campaign by IDA:

The closing conference of the Shifaa 2 campaign by IDA took place on 23 August in Damascus. It was launched on July 13, 2025. The campaign covered several cities and provinces in Syria: Damascus and its countryside, Aleppo and its countryside, Homs, Idlib, Hama, Daraa, Lattakia, and Deir ez-Zor. Throughout the weeks of the campaign, numerous specialized and rare surgeries and interventions were carried out, in addition to providing medical equipment free of charge to hospitals where the surgeries took place. Alongside these efforts, comprehensive free health services were offered to beneficiaries from various age groups. The campaign also included a comprehensive scientific program covering mental health disorders, as well as many specialized workshops and lectures for doctors, specialists, and medical students. The campaign was distinguished by the participation of a remarkable group of Syrian doctors living abroad in Germany and other countries of the diaspora.

On health system strengthening:

Syria's health system has been severely impacted by decades of underinvestment and prolonged conflict, leading to the collapse of primary healthcare (PHC), widespread damage to health infrastructure, and a mass exodus of healthcare workers. While external aid has helped sustain services in opposition-controlled areas, long-term sustainability remains a challenge.

- Governance is fragmented, with centralized decision-making in government-controlled regions and NGO-led health management in opposition areas, exacerbating coordination issues.
- Financial constraints, high out-of-pocket costs, and reliance on external funding further weaken the system.
- Workforce shortages, low salaries, and disrupted medical education have resulted in critical gaps, particularly in specialized fields.

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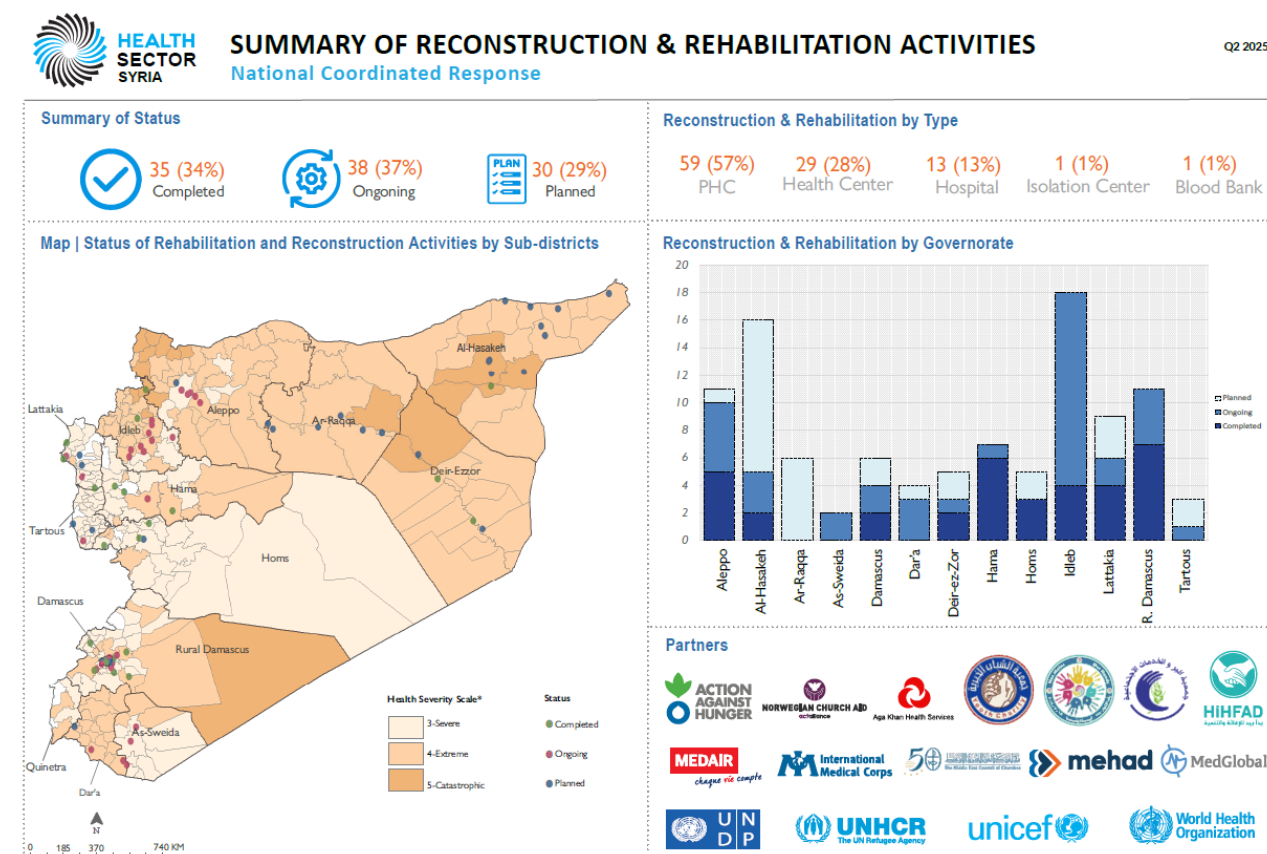
- Health service delivery faces inequities, with damaged facilities and infrastructure limiting access, while efforts to integrate services based on PHC principles are ongoing.
- The Health Information System (HIS) is fragmented, with multiple stand-alone data systems lacking interoperability, prompting WHO and the MoH to develop a strategy for improvement.
- The pharmaceutical sector, once a major producer, has been impacted by conflict and sanctions, with rising medicine prices and dependence on imports for critical drugs.
- Immunization coverage has declined sharply, leading to disease outbreaks.

Addressing these challenges requires strengthened governance, financial reforms, workforce investment, integrated service delivery, and improved health information management.

Levels of health sector technical assistance to the Ministry of Health:

- National Policy and Health System Expert – Reviewing and enhancing national health policies and governance.
- National Emergency and Health Crisis Management Expert – Strengthening crisis response plans and coordination mechanisms.
- National Project Management Expert – Improving health project planning, implementation, and governance.
- National Strategic Planning Expert – Developing long-term strategic frameworks and performance indicators.
- National Early Recovery Expert – Enhancing post-crisis recovery strategies and system resilience.
- National Administrative Development Expert – Optimizing management structures and operational efficiency.
- National Health Financing Expert – Reviewing and improving health financing models and resource allocation.
- National Primary Healthcare Expert – Strengthening PHC service delivery and integration.
- National Health Information Systems (HIS) Expert – Enhancing data collection, management, and quality assurance.

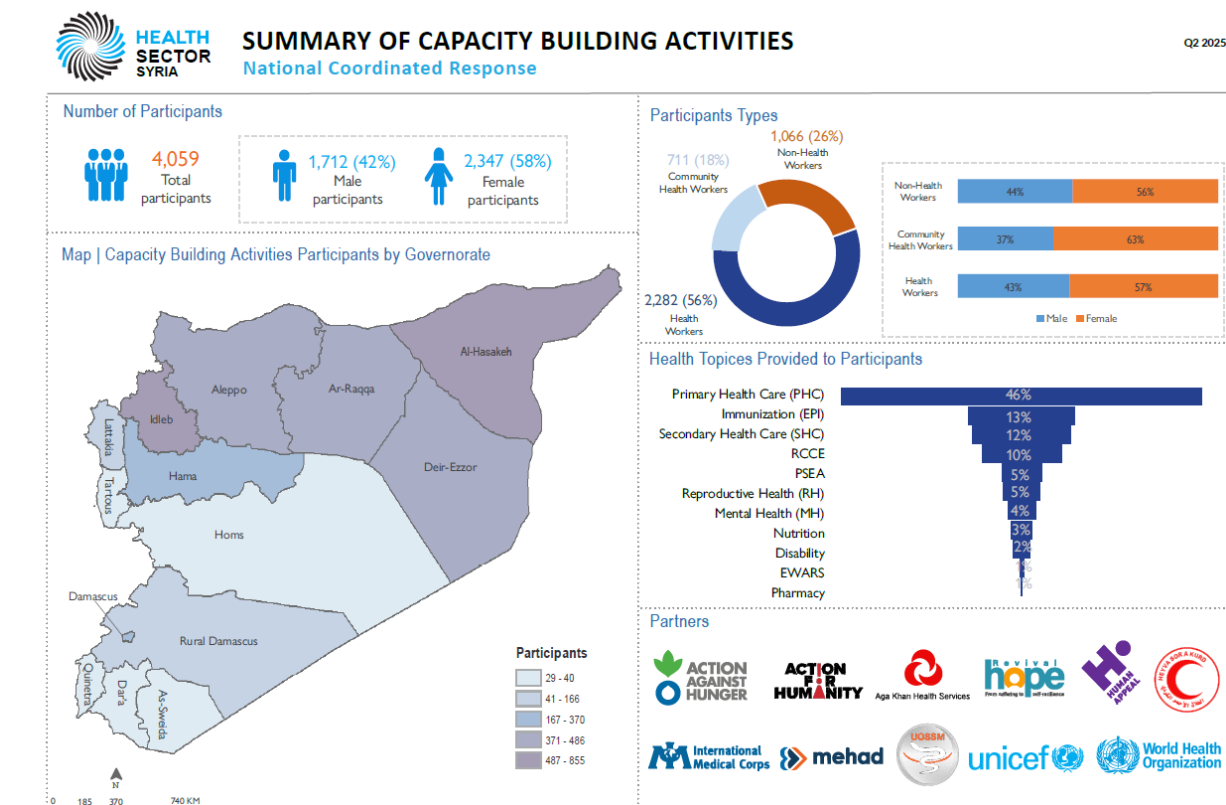
Health sector assistance with reconstruction and rehabilitation, second quarter of 2025:



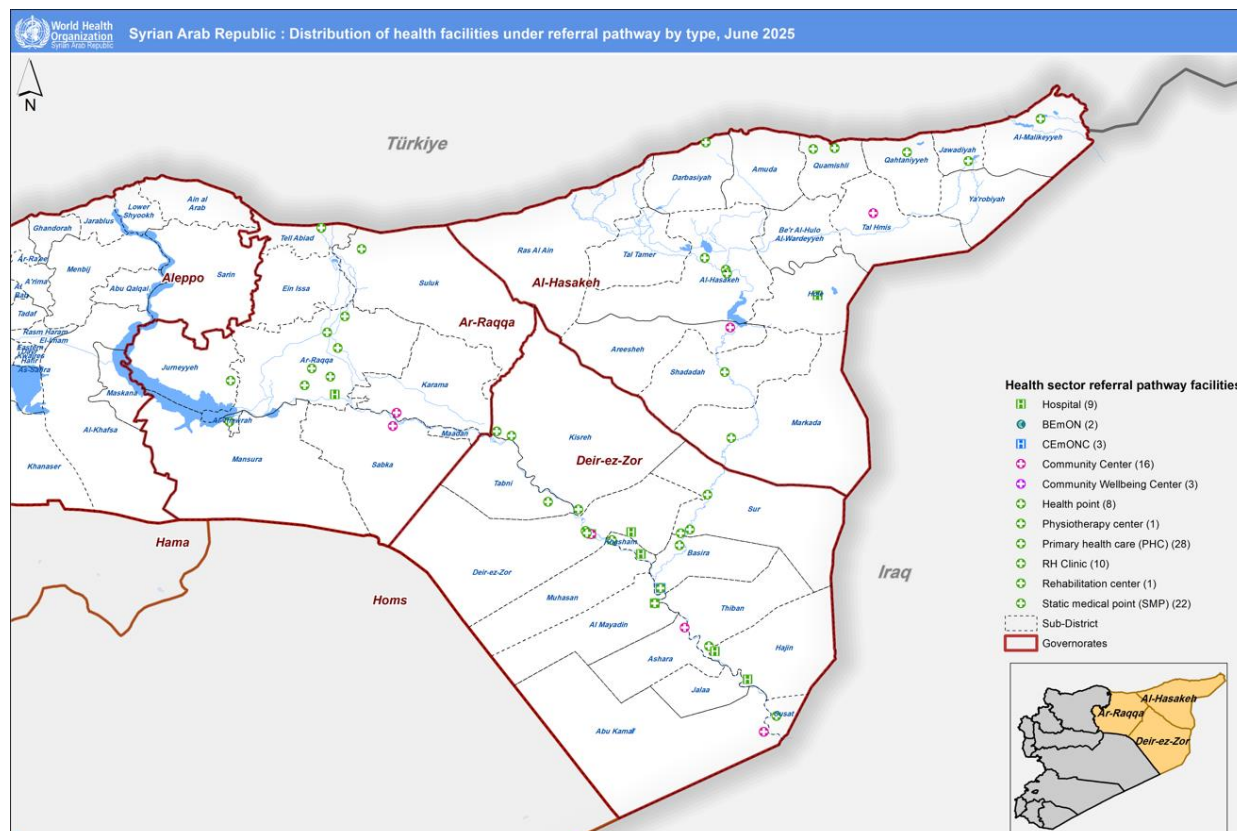
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Health sector assistance with capacity building, second quarter of 2025:



Health sector referral pathway in Raqqa, Hassakeh, Deir-ez-Zoir governorates, August 2025:



HEALTH SECTOR UPDATES:

MedGlobal

MedGlobal continued to expand its emergency health response and strengthen essential health services across Syria through targeted interventions:

Dialysis Device Campaign: Through a successful fundraising campaign, MedGlobal procured **140 dialysis machines** to be distributed nationwide in coordination with the Ministry of Health. To date, **50 machines** have been delivered, including **15 to Damascus, 15 to Daraa, 15 to Hama, and 5 to Deir Ezzor**. This intervention aims to address the critical shortage of dialysis equipment and improve access to life-saving renal care services.



Essential Newborn Care (ENC) Training: MedGlobal launched an ENC training initiative for midwives across Syria. In August, **20 midwives** completed the training, equipping them with updated knowledge and skills in newborn care. These midwives are expected to serve as multipliers by cascading the training to colleagues in their respective facilities, thereby expanding the reach and sustainability of ENC practices.

Hospital Rehabilitation in Deir Ezzor: MedGlobal finalized the rehabilitation of the **surgical department at the National Hospital in Deir Ezzor**. The intervention included the provision of specialized medical equipment such as anesthesia machines, sterilization units, and surgical tools. This investment is expected to significantly enhance the hospital's surgical capacity and quality of care.

Support to Al-Waleed Hospital (Homs): MedGlobal provided multiple critical contributions to **Al-Waleed Hospital**, including: Supplying **60 vials of contrast material** to support radiology and diagnostic services. Delivering a **troponin analyzer** to strengthen cardiac diagnostics. Delivering a **sterilization unit (autoclave)** to enhance infection prevention and control standards. **Capacity Building for Health Workforce:** Conducted a **three-day General Surgery training** at the University Hospital for **47 residents**, focusing on advanced surgical skills and practices. Implemented **nursing training for 24 nurses**, in collaboration with the Nursing School and the Directorate of Health, aimed at strengthening quality of patient care and standard clinical practices.

Primary Health Care Support in Idleb: The rehabilitation of **Kansafra PHC in Kansafra, Idleb governorate** was completed. The center is now ready to provide essential health services to the large number of families who recently returned from surrounding displacement camps, improving access to primary and preventive care in a highly underserved area.



Community Engagement and Nutrition Promotion: MedGlobal actively participated in **World Breastfeeding Week in Homs**, organized by UNICEF. MedGlobal's contribution included a presentation on "The Importance of Nutrition for Pregnant and Lactating Mothers," highlighting the organization's commitment to maternal and child health through community education and advocacy.

Ongoing Health System Support: MedGlobal will continue to provide **comprehensive support to six PHCs** (three in Aleppo and three in Idleb), ensuring the delivery of **essential services integrated with nutrition and community awareness activities**. In addition, MedGlobal will maintain its support to the **pediatric department at Al-Rahma Hospital in Darkoush, Idleb**, including the **NICU, PICU, and adult ICU**. Further support will be extended to the **dialysis department at Al-Rae Hospital in Aleppo**, and to vaccination efforts in **Ras Al-Ain and Tal Abyad**, through the provision of **vaccine transportation and cold chain support**, ensuring continuity of immunization services in hard-to-reach areas.

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ACF

Action Against Hunger (ACF) continued to strengthen health systems and community resilience in Aleppo and Hama governorates through a multi-pillar approach encompassing PHC support, mental health integration, mobile medical services, capacity building, and community engagement.

Primary Health Care Support: In Aleppo, ACF made significant strides in improving energy sustainability and infrastructure in health facilities. A solar power system is currently being installed at the Specialized Dermatology Health Center in the second Health district, which will enhance the center's operational capacity, particularly for specialized equipment like the PUVA machine. Meanwhile, rehabilitation works at Tal Hasel PHC in As-Safira sub-district are progressing and expected to conclude by mid-September, after which medical equipment and supplies will be delivered.



To support the Health Information System (HIS), ACF equipped three PHCs—Al-Zabdiya, Jib Al-Qubba, and Al Malek Al Daher—with computers and printers. Additionally, Al Zarbeh PHC continues to receive comprehensive support, including staffing compensation, transportation, and medical and dental supplies, funded by the Italian Agency for Development Cooperation (AICS). ACF also expanded its support to hospitals for the first time by supplying liquid oxygen to Aleppo's four largest public hospitals, significantly enhancing their capacity to deliver critical care.

In Hama, preparations are underway for the launch of a new polyclinic in Muhardah. Procurement and solar installation are in progress, with services expected to begin in the second half of October. Medicines have already been delivered to ensure readiness from day one. In Hama City, WASH rehabilitation of the polyclinic building is scheduled to start in early September, alongside solar installations at Qamhaneh and Kafrbo PHCs later in the month.

ACF also delivered medicines to the 2nd Health District and Muhardah HD in July, along with micronutrients for PHCs in the 1st and 2nd HDs. Eleven reproductive health units in the 1st HD are now supported with furniture, light medical equipment, and consumables.

ACF got MoH approval to support Al Qusayr PHC in Homs and Al Madiq Castle in Hama. Support will include maintenance works, solarization, staffing, and provision of medical supplies for 14 months.

Mental Health and Psychosocial Support (MHPSS): ACF continues to integrate mental health services into primary health care across both governorates. In Aleppo, four MHPSS counsellors remain active in Salah Ed-Din, Bustan Al Qasr, and Al Malek Al Daher PHCs. In the same approach, in Hama, MHPSS services are being provided in four PHCs: Baroudieh, Janoub Al Malaab, Al Qusor, and Abi Afida, ensuring broader access to psychosocial support in underserved areas.

Mobilizing Medical Services: Mobile medical services remain a cornerstone of ACF's outreach strategy. In Aleppo, a Mobile Medical Team (MMT) operates five days a week across 18 villages in As-Safira District, reaching approximately 900 beneficiaries monthly. Another MMT was also deployed to Zarbeh Sub-district to address the evolving needs of returnees. A Mobile Medical Clinic (MMC) continues to serve urban and peri-urban areas including Ma'arat Al-Artiq, Jibrin, Dureina, Industrial City, Hreitan, Kafr Hamra, Hayan, and Al-Layramoun, offering comprehensive PHC services including dental care.



To support these mobile services, ACF delivered 23 types of essential medicines to the central drug warehouse in Hanano Housing, and distributed basic medical equipment and consumables to the Health Programs Department in Al-Furqan.

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In Hama, two MMTs continue to operate in Harbanifse and Hama sub-districts. A new MMT is planned for Madiq Castle sub-district starting in November. Similarly, in Homs, a new MMT will be launched in Al Qusayr sub-district in the same timeframe.

Community Engagement: ACF remains committed to strengthening local capacity. In Aleppo, 14 CHWs received training on nutrition-related topics, building on earlier training in community health essentials. In Hama, 30 CHWs in Halfaya and Treimseh were trained on RCCE key messages, with half of them having previously completed the CHW training package. Community outreach efforts were robust across both governorates. In Aleppo, 94 CHWs were mobilized across As-Safira, Samman, Aleppo City, and Zarbeh to conduct door-to-door MUAC screenings and risk communication and community engagement (RCCE) sessions. Topics included food and water safety, waterborne diseases, Leishmaniasis, IYCF, and MHPSS, with referrals made to PHCs as needed. In Hama, ACF reached 500 households in Halfaya with Baby WASH messages, with kit distribution planned as a follow-up activity.

SDI

SDI continues to provide primary, secondary, and tertiary health care services to vulnerable people in Syria. The key SDI's update includes:



World Breastfeeding Week: During World Breastfeeding Week (1–7 August 2025), SDI carried out activities in four health facilities, reaching 120 mothers through 29 sessions. The program promoted breastfeeding awareness through group and individual counseling, lectures, and practical demonstrations on proper techniques and infant positioning. To expand outreach, SDI shared awareness messages via social media and local WhatsApp groups. SDI also established dedicated breastfeeding rooms in its health

facilities to ensure privacy and comfort for mothers visiting the centers.

Heat wave awareness campaign: SDI implemented a set of awareness activities across its health facilities to help families protect infants and children during heatwaves. The initiative reached community members through different channels. It included conducting 19 groups, raising awareness among 84 participants on the risks of heatwaves and protective measures for infants and children.



Entertainment activities for Thalassemia children: SDI organized a water games activity for ten Thalassemia children on August 31 which is part of series of water games days that were designed to enhance their psychological well-being and allow them to enjoy time with their peers during the recent heatwave. The location was carefully selected to ensure safe participation and prevent any health risks. This initiative is part of a broader series of entertainment activities that have proven effective in encouraging children with thalassemia to remain committed to their regular treatment while fostering a positive and supportive atmosphere.

GOPA – DERD

As-Sweida: The response to recent events in As-Sweida Governorate included medical and psychological support. The National Hospital in the governorate received 200 kidney dialysis sessions, which were utilized by 200 patients. In a separate initiative, mental health services were delivered, resulting in 170 psychiatric prescriptions. A total of 550 beneficiaries received prescriptions for chronic medications, including drugs for diabetes, heart conditions, and hypertension.

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Rural Hama: As part of the emergency response to the fires that broke out in the rural Hama, first aid services were provided to the injured, along with follow-up for cases requiring immediate healthcare, for a total of 213 cases ranging in severity from mild to moderate.

Deir Ez-Zor and its rural areas: 253 medical prescriptions were supported. In addition, 2065 beneficiaries entered the medical clinics (Internal medicine - Reproductive Health - Children). As well as 71 delivery kits and 22 dignity kits were distributed.

Homs and its rural areas: 88 beneficiaries attended health awareness sessions. In addition, Providing medical consultations, gynecological clinical examinations, and ultrasound scans for 277 women. Moreover, 244 distributions were provided (different medications, sanitary napkins, female dignity kits and family planning methods). As well as 27 beneficiaries received psychological consultations.

Damascus and its rural areas: 4 beneficiaries suffering from chronic diseases have been referred for treatment, with chronic medication dispensed to each beneficiary according to their condition. Referral services for medical lab test were provided to 36 beneficiaries. 304 specialized gynecological consultations were provided, in addition to dispensing a total of 243 prescriptions that included family planning medications. In total, 7 surgical procedures were performed after conducting the necessary consultations and essential tests to confirm the patients' eligibility for surgery.

Latakia and its rural areas: 169 beneficiaries attended many health awareness sessions. In addition, 28 beneficiaries received treatment sessions with a psychologist.

Eastern and Northern-Eastern Syria: 558 beneficiaries attended many health awareness sessions on various topics.

A Giving Heart Medical Association

The organization is based in Lattakia. It receives dozens of requests from patients in need of high-cost health services. The current available resources enable us to address only a small number of these requests, while the majority cannot be met. At present, there are almost 30 various patients on the waiting list waiting for support. The organization seeks further partnership and support.

Medicos del Mundo Espana (MdM-Spain)

Primary Health Care service delivery: During July MdM-Spain supported the Local Health Authority in the provision of primary health care services in 18 primary health care centres (PHCCs): 4 in Al-Hasakeh governorate, 6 in Aleppo Governorate (Kobani) and 8 in Ar-Raqqa governorate. A total of **27841 consultations** were provided including **12362 general practitioner (GP) consultations for adults**, **7984 GP consultations for children**, **1407 emergency department consultations**, **118 consultations to people with severe mental, neurological or substance abuse disorders under the mhGAP program**, **369 MHPSS consultations** provided by psychologist and case managers and **5987 SRH consultations** provided by a trained midwife including **51 vaginal deliveries**. During the reporting period MdM-Spain supported the LHA in the implementation of an **outpatient treatment program (OTP) for children under 5 with severe acute malnutrition and a therapeutic supplementary feeding program (TSFP) for treatment of children under 5 with moderate acute malnutrition and malnourished pregnant and lactating women** in 4 PHCCs in Ar-Raqqa governorate, Seif al Dawla, Mahmoudli, Kobash and Hama. OTP/TSF remain active in Mishtanour and Serrin PHCC in Kobani, Aleppo and in Salhabiya PHCC in Ar-Raqqa.

Capacity-building: MdM-Spain has organised a 5-day **mhGAP training to 17 participants**, 8 GP and 9 psychologists in Kobani, in Aleppo governorate, provided by a specialized psychiatrist. This activity is a part of a project directed to build the capacity of doctors and psychologists to provide quality treatment to people with mental, neurological and substance abuse disorders according to WHO mhGAP guidelines. In June the same training was provided in Hasakah and in July in Raqqa. Other health sector partners were invited to participate in the trainings. During the reporting period, **on-the job coaching** was provided by the same expert, has a part of the capacity building

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program to the doctors and psychologists that had been previously trained. Furthermore, to strengthen the capacity of the health workforce in MHPSS, 19 participants including **15 psychologists** from Kobani, Hasakah and Raqqa and 4 members of the MdM team were trained for 5 days in Hasakah, in **Problem Management Plus (PM +)**, a WHO developed, psychological intervention for adults experiencing distress in communities affected by adversity, for 5 days. Health staff from Seif al Dawla, Akeirshi and Mahmoudli PHCCs received the first part of **MdM medical training package** that includes topics such as standard precautions for infection prevention and control, health waste management, integral management of child illness, EWARS, community management of acute malnutrition (CMAM) and infant and young children feeding. Visits were made to the PHCCs to reinforce the acquired knowledge through supportive supervision.

Rehabilitation: Rehabilitation works were concluded during August in **Mahmoudli PHCC**, in Raqqa governorate and in **Al-Ghara** and **Tal Brak** centers, in Al-Hasakeh governorate, including improvements to **water filtration systems** and **solar power** installations. With the support of **Concern**, **Jalabiya** and **Qanaya** PHCCs in Kobane, Aleppo, were rehabilitated including **drilling of a well** that ensure access to water in the PHCCs and building a **bathroom accessible for persons with disabilities** and other mobility limitations.

Ayadina Charity

In a month filled with compassion and giving, Ayadina Charity wrote new success stories for children and families, bringing back hope and smiles through care, surgery, and support. Thanks to the dedication of our medical team and the generosity of our supporters, several life-changing surgeries were successfully performed for children:

- A colostomy closure surgery that gave a child the chance to live a healthier, normal life.
- A cleft palate repair that restored a young girl's ability to smile and speak clearly.
- A successful inguinal hernia surgery that relieved a child's pain and discomfort.
- 9 tonsillectomy and adenoid surgeries: that improved children's breathing, sleep, and overall quality of life.



Beyond surgeries, Ayadina Charity continued to empower children and families through essential support:

- Providing mobility aids for children with disabilities, giving them independence and mobility.
- Delivering medical eyeglasses to children, helping them see clearly and continue their education with confidence.
- Distributing orthopedic medical shoes for children, supporting their mobility and correcting health issues, allowing them to walk with comfort and safety.
- Demonstrating its commitment to the community, Ayadina Charity joined the blood donation campaign organized by the Directorate of Social Affairs and Labor in Lattakia- fulfilling its humanitarian duty and helping save lives.
- During World Breastfeeding Week, Ayadina Charity organized multiple awareness sessions:
- Individual and group sessions within the Women and Children's Clinic at Ayadina Medical Clinics.
- Additional sessions delivered by our mobile medical team across rural Al-Haffah, spreading health knowledge to mothers and families in need.

With every step, Ayadina Charity continues to create new success stories, proving that hope begins with an open hand and a sincere act of kindness.

Human Appeal

In the framework of Human Appeal's support for health facilities across Syria with 20 containers of medical supplies and consumables, Human Appeal has so far delivered 13 containers in coordination with the Syrian Ministry of Health and the respective health directorates in Rural Damascus, Damascus, Daraa, Aleppo, Idleb, Tartous, Lattakia, Hama, and Homs. These shipments include a wide range of lifesaving and life-sustaining items.

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During August, Human Appeal team conducted comprehensive field visits to Lattakia, Aleppo, Tartous, and Hama, meeting with health directorates and visiting hospitals that had received the delivered supplies, while also participating in the distribution process to facilities in need. The team engaged with facility management and frontline medical staff to assess the utilization of these items, identify gaps, and highlight their critical role in addressing urgent shortages and sustaining essential health services.

The visits demonstrated the substantial impact of these resources on maintaining healthcare delivery and improving patient outcomes, while also revealing persistent challenges such as limited supplies and high patient volumes. These findings underscore the need for sustained and coordinated support. Human Appeal reaffirmed its commitment to strengthening healthcare delivery, enhancing the capacity of health facilities, and supporting the national health system to effectively respond to healthcare needs across Syria.

Violet Organization

A 36-year-old, G5P4 woman at 39 weeks presented to the obstetric ER. Ultrasound showed placenta previa covering the cervical os. During admission, she developed profuse hemorrhage. The team (obstetrician, midwife, nursing, anesthesia) activated the obstetric emergency protocol, transferred her immediately to the OR, and performed an emergency C-section, delivering a female newborn. The newborn required neonatal resuscitation by the NICU/critical-care technician and stabilized. The mother received 3 units PRBC + 3 units FFP. Both mother and baby were observed for 24 hours and discharged in good condition. Note: The patient had visited a private clinic earlier without a diagnosis of placenta previa; timely hospital management was therefore critical to survival.



Outcome & learning: Zero maternal mortality; newborn stabilized and discharged with the mother. Demonstrates the impact of 24/7 EmONC readiness, rapid team coordination, blood availability, and clear referral to facility-based delivery for high-risk pregnancies. Reinforces the importance of antenatal ultrasound and early recognition of placenta previa.

Additional note from Violet Organization: Ein al-Bayda Hospital (Jisr al-Shughur countryside, Idlib): This hospital, serving thousands of beneficiaries in western Idlib countryside, has unfortunately suspended most services due to lack of funding and is currently functioning at a minimal voluntary level. The continuity of support is crucial to sustain essential health services for the population in this underserved area.

Recommendation: We also highlight the need for a mammography device in women's hospitals to enable early detection of breast cancer. This would greatly enhance preventive SRH services and reduce long-term morbidity.

AKHS

Health Systems Strength to respond the affected people: As part of the Aga Khan Development Network's humanitarian response in Syria, and in order to support national efforts to face health challenges and meet the most urgent health needs that threaten the safety of the population, and in coordination with the Ministry of Health and the health directorates in the governorates, the Aga Khan Health Services - Syria provided equipment and training to support public health systems as follows:

- Support Salamieh National Hospital: two Fresenius 4008 dialysis machines were provided to Salamieh National Hospital, along with necessary dialysis supplies sufficient for up to 1,000 dialysis sessions, also, the necessary training was provided for the health workers.
- Support the coastal region in Lattakia and Tartous Governorates through providing medical equipment and community interventions in both governorates. This included:

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- Delivery of medical equipment to hospitals in both governorates, including electrocardiograms and defibrillators, and training of health workers on their use.
- Coordination with several local community organizations, including the Ma'ak Association for Cancer Patient Support in Lattakia and the Fadha Association in Tartous, aimed to distribute family hygiene kits in the affected areas. This was done through community health volunteers from the supporting organizations, who were trained to provide initial psychological support services to affected families.



Support Health workers in Salamieh: During August 2025, a series of training workshops were organized for a group of health workers in the Salamieh district, in cooperation with the Salamieh Health District, about various topics such as reproductive health, pregnancy care, high-risk pregnancies, postpartum care, family planning, cervical cancer, breast cancer, reducing unnecessary caesarean sections, and preparing reports and collecting information.

MEDAIR

- Medair delivered medical equipment, consumables, furniture , and medicines to Busra Asham and Smad PHCCs in Dar'a.
- Distributed assistive devices to 197 PLWDs (111 female, 86 male), and referred all the needed cases for physiotherapy sessions in Dar'a National hospital (by affording transportation and coordination).
- Conducted PFA training for 20 participants in Daraa.
- Conducted IPC training for 25 participants in Dar'a.
- 12 teams of community health workers visited 2160 families in Busra and Smad in Daraa and another 15 teams visited 1125 families in Hajira and Sbeineh in Rural Damascus.
- Implementing 1 RCCE sessions in Busra in Dar'a.
- 30 women attended Peer support group separated to 3 sessions (10 in each) in Hajira (Quneitra), which were facilitated by the community health workers there. And another 30 women in 3 other Peer support group sessions in Sbeineh (Quneitra).



Hope Revival

As part of its multi-sectoral humanitarian response, Hope Revival Organization (HRO), in partnership with HelpAge International and with the support of the German Federal Foreign Office (GFFO), is implementing a comprehensive health and protection project. The project targets the most vulnerable groups among internally displaced persons (IDPs), refugees, and host communities in Northwest Syria, with a particular focus on older people and persons with disabilities. As part of this project, HRO delivered a range of health and community-based services including:

- Provision of protection services including awareness-raising sessions on legal topics, legal consultations and improving accessibility to routine services through the provision of transportation services.
- Provision of assistive products based on the specific identified needs of at-risk older people and people with disabilities such as absorbent pads, wheelchairs, walkers, crutches, etc.
- Provision of homebased medical consultations and nursing care incl. follow-up visits through roving medical teams (mobile clinics).
- Provision of acute and chronic medication as per the medical prescription of the physician of the mobile clinic.
- Provision of community-based awareness-raising messages through CHWs based on WHO 5 modules, including the following: Basic module, family health, nutrition, communicable and non-communicable diseases (CD and NCD), and healthy lifestyle.
- Provision of mental health services by psychologists and psychiatrists and MHGAP trained doctors.
- Provision of non-structured and structured PSS Activities.

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In August, a total of **5184 individuals** were reached (2926 females and 2258 males) across rural areas of **Idleb and Aleppo governorates**, distributed as follows: These activities contribute to improving access to essential healthcare services and addressing the specific needs of the most at-risk groups, helping to reduce service gaps in areas with fragile health infrastructure and chronic underfunding.

Success Story: "Support Can Change Everything" - Um Mohammad, 51 years old, has lived a life marked by hardship and loss. A widow and mother of eight daughters, she remembers the days when her husband used to bring home everything the family needed. After his passing, she felt the weight of life pressing down her only son, born after eight daughters, tragically died in a motorcycle accident. Several of her daughters faced painful marriages that ended in divorce, leaving her with even more burdens. Her words reflect the depth of her pain: **"I lived in endless exhaustion. No one listened, no one helped. I didn't want to complain to my daughters, they already had their own struggles."** Um Mohammad carried the family's responsibilities alone, while her own health was deteriorating. She suffers from chronic heart disease, and the stress of caring for her daughters only worsened her condition. A turning point came when she attended an awareness session at Hope Revival Organization's Community Center for Older People in Kafr Takharim. There, she learned about the importance of caring for herself, not only her family and how to cope with the psychological, physical, and social changes she was experiencing. The team referred her to a general doctor to access the medications she needed for her heart condition. She also received legal guidance to protect her from financial exploitation. Moreover, her eldest daughter, who struggles with severe psychological distress after her divorce, was referred to the mental health team for specialized support. For the first time in years, Um Mohammad felt seen, heard, and cared for. The integrated support helped her begin to rebuild her life she started asking her daughters for help, prioritizing her own health, and focusing on both her physical and emotional well-being.

IMC

Primary Healthcare Services: In August 2025, International Medical Corps (IMC) continued to provide vital health services through **12 Mobile Medical Teams (MMTs)** and **2 Primary Healthcare Clinics**, ensuring access to essential primary healthcare across multiple locations. Over the course of the month, **8,598** patients were served through **27,831** consultations. Simultaneously, around **8,300** individuals took part in health education sessions that emphasized disease prevention, healthy lifestyle practices, and awareness of available health services.

Referrals and Specialized Care: During August 2025, a total of **118** patients were referred from IMC-supported facilities to secondary healthcare facilities via IMC's established referral mechanisms. All patients successfully completed the referral process and accessed the specialized care they required. As part of IMC's ENT and audiology support, **37** patients were referred for ENT consultations. Additionally, **45** individuals continued receiving speech therapy sessions. Audiometric evaluations were conducted by a contracted audiologist for ENT-referred patients. Following these assessments, eligible beneficiaries were referred for hearing aid installation. In total, **26** beneficiaries (**10** females and **16** males) received **41** hearing aids in August.

Capacity Building: In August 2025, IMC organized four capacity-building activities aimed at enhancing the knowledge and skills of Ministry of Health (MoH) staff. These included: **Child Health – Proper Nutrition for Infants:** 20 MoH staff (3 males, 17 females) in Hama Medical Mobile Team were trained to improve understanding of under-five nutrition practices and malnutrition detection following the CMAM protocol. **EWARS Empowerment:** Another group of 20 MoH staff (3 males, 17 females) in Hama Medical Mobile Team received training on the Early Warning, Alert and Response System (EWARS), focusing on case identification and reporting procedures. **Communication Skills:** Also in Hama MMT, 20 MoH staff (3 males, 17 females) were trained in communication strategies to support social and behavioral change initiatives. **Quality Management in PHCs:** In Aleppo, 20 MoH staff (8 males, 12 females) participated in a training to strengthen their capacities in managing and improving the quality of care in primary healthcare settings.

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Nutrition Services: During August 2025, a total of **5456** individuals were screened for malnutrition, including **3720** children under five and **1736** pregnant and lactating women (PLWs). Of those screened, **137** cases were referred for further treatment in collaboration with the Ministry of Health and the Syrian Family Planning Association (SFPA).

Sweida Response: In response to the armed conflict that erupted in As-Sweida beginning July 19, prompting the displacement of numerous families to neighboring areas, IMC rapidly mobilized resources and medical teams to respond to the growing humanitarian needs. The response remains active, with preparations for the deployment of four additional MMTs to expand coverage in both Daraa and As-Sweida governorates. Between July 21 and July 28, 2025, in Daraa, 3 IMC-Medical mobile teams Daraa conducted **1,688** consultations (649 by internists, **349** by gynecologists, and **690** by pediatricians). Additionally, care was provided to **46** people with disabilities (PWDs), and **255** individuals participated in health awareness sessions. These coordinated efforts continue to support displaced families in accessing critical and timely healthcare services amid the ongoing humanitarian emergency.



Al Tamayoz

Al Tamayoz Establishment Provided medical services in Damascus and in several locations in Rural Damascus (Hammura, Duma, Harasta, Az-Zabdani, Ein Terma, Darayya, Bseimeh, Saqb, Erbin, Al-Malihah, Madayya, Ein Alfejih, Babella) in partnership with UNICEF, UNHCR, UNFPA and UNOCHA.



Medical consultations: 7,044 women were diagnosed and supported with treatment in Reproductive health clinics which provided different kinds of services including: Pregnancy follow-up, family planning methods, In addition to providing vitamins, contraceptive pills and other medicine. Internal medicine clinics provided services to 1,545 beneficiaries, including medical consultations and medicines provision. 10,786 children benefited from pediatrics' clinics, with most observed cases sunstroke, asthma, lice, respiratory infection

Awareness raising sessions: 10,223 beneficiaries attended the awareness sessions related to several topics: routine immunization - Anemia in pregnancy

- Obesity - Benefits of sports - Breast Cancer - breastfeeding, IYCF.

Referrals: 32 patients benefited from referrals services to surgical operations. In addition to supporting (20) vaginal and caesarean deliveries. 13 referrals to MRI and CT scan.

Assistive medical devices: 22 children were supported with glasses.

Screening for malnutrition: 2,003 pregnant and Lactating women and 3,857 children under 5 years were screened for malnutrition.

Success story: The child, Mohammed, is 6 months old. He lives with his family consisting of 8 members in a house rented by his grandmother. His mother came to the center seeking help with the cost of a scan image for her son Mohammed. The mother says: "During the doctor's ultrasound examination of my son, he discovered kidney problems and requested a contrast-enhanced scan. However, my financial situation is very poor, and I cannot do anything for him, so I came to you for help." After listening to his complaint, the child was referred to a specialist. A retrograde urethrogram and a kidney scintigraphy were requested, and assistance was provided. The child's mother visited us after the procedure was done, and it was determined that the child had grade 3 hydronephrosis. He was followed by a specialist doctor who prescribed appropriate treatment. The mother expressed her satisfaction and gratitude for the service provided. The mother says: "Thank you. Without your help and assistance with imaging, I would not have discovered my son's illness, nor would I have known that he had hydronephrosis. We would not have been able to treat him. "Thanks to Altamayoz and many thanks to the OCHA organization that supported the services.

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MEHAD

With the coordination and support of Expertise France, Mehad Organization conducted the second session of the "Newborn and Child Health Training – NCH2" in August 2025 at its medical training center in Ar-Raqqa. The training targeted **21 healthcare workers** from Mehad-supported facilities and local health authorities. The training covered a broad spectrum of neonatal and child health issues, including hematological disorders, infant and young child feeding, gastrointestinal and neurological disorders, child mental health, and child protection. The program aimed to enhance the skills of healthcare providers in delivering comprehensive and integrated care for children and newborns.

Health system Support: As part of its ongoing commitment to strengthening the Syrian healthcare sector, Mehad Organization delivered a second shipment of medical aid to Deir Ezzor National Hospital in August 2025. This support included advanced surgical equipment for otologic, ophthalmologic, orthopaedic, and urologic procedures, implemented in close coordination with hospital management and health authorities. On 25 August 2025, Mehad also delivered a shipment of medical aid to the Idlib Health Directorate, in coordination with the Humanitarian Organizations Affairs Office, for distribution to Al-Shifa Hospital. The shipment included laboratory equipment, ultrasound (Echo) machines, and essential medical consumables to strengthen diagnostic capacity, support surgical services, and facilitate daily operations. These efforts demonstrate Mehad's continuous collaboration with its partners and commitment to improving healthcare access and quality in Syria.



Healthcare Services: During August 2025, Mehad Organization continued to support a network of healthcare facilities across Deir ez-Zor, Ar-Raqqa, Al-Hasakah, and Aleppo governorates, including primary health centers, a maternity hospital, mobile clinics, dialysis units, the thalassemia department, a blood bank, as well as radiology and laboratory services. These facilities remained operational and continued to provide essential healthcare services to communities in need.

Yeryüzü Doktorları Türkiye - Doctors Worldwide Türkiye (DWT)



Yeryüzü Doktorları Türkiye - Doctors Worldwide Türkiye (DWT) continues delivering essential health services to crisis-affected populations in Northwest Syria. During the first seven months of 2025, Yeryüzü Doktorları Derneği (Doctors Worldwide Türkiye – DWT) provided critical health services to tens of thousands of individuals in Northwest Syria through three main facilities: Afrin Cindires Refugee Health Center, Suluk Health Center, and Suran Maternal and

Child Health Center. A total of 75 healthcare workers—including general practitioners, nurses, midwives, and psychosocial support staff—contributed to service delivery. These services included outpatient examination, treatment, laboratory tests, maternal and child health, provision of medicines and medical supplies, and mental health and psychosocial support (MHPSS).

Afrin Cindires Refugee Health Center: The overall total between January and July 2025 is 25,393 sessions and 33,459 individuals.

- Medical Examination: Internal medicine examination: 6,106 sessions; Gynecology examination: 3,058 sessions; Pregnancy follow-up: 716 sessions; Pediatric examination: 6,235 sessions; Mobile health services: 9,278 sessions.
- Treatment: Emergency observation: 4,243 individuals; Dental health: 2,674 individuals.
- Medicine and Medical Supplies Assistance: Medicine support: 16,961 individuals; Mobile health medicine support: 6,731 individuals.
- Child-Friendly Activities (PSS): Activities: 2,737 individuals; Psychoeducation: 113 individuals.

Suluk Health Center: The overall total between January and July 2025 is 20,514 sessions and 32,806 individuals.

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- **Examination:** Internal medicine examination: 4,953 sessions; Gynecology examination: 1,982 sessions; Pediatric examination: 5,025 sessions; Dermatology examination: 3,834 sessions; ENT examination: 4,720 sessions.
- **Treatment:** Emergency observation: 4,242 individuals; Dental health: 1,904 individuals.
- **Medicine and Medical Supplies Assistance:** Medicine support: 26,660 individuals.

Soran Maternity and Child Health Center: The overall total between January and July 2025 is 23,755 sessions and 41,365 individuals.

- Medical Examination: Gynecology examination: 10,961 sessions; Pediatric examination: 11,781 sessions; Mobile health services: 468 sessions.
- Treatment: Dental health: 1,510 individuals.
- Laboratory: Laboratory services: 6,885 tests.
- Emergency Observation: 2,595 cases.
- Delivery: Normal deliveries: 22 cases.
- Mental Health and Psychosocial Support (MHPSS): Family planning: 545 sessions.
- Medicine and Medical Supplies Assistance: Medicine support: 28,850 individuals; Mobile health medicine support: 468 individuals.
- Vaccination Services: Mother vaccination support: 961 individuals; Child vaccination support: 74 individuals

Ensuring Continuity of Essential Health Services: Despite the complex humanitarian situation and challenges to healthcare access in Syria, Doctors Worldwide Türkiye (DWT) has continued to maintain uninterrupted operations, addressing critical health needs across the targeted regions. DWT remains committed to strengthening access to essential health services in Northwest Syria in line with the Health Cluster's strategic objectives and humanitarian principles. Link: <https://we.tl/t-vk4e9PIYlo>

Various materials disseminated among the national health sector coordination group email list in August:

- Health Sector Syria Situation Update N17, violence in Sweida, 28 August 2025
- Health Sector Priorities, 2025 PiN & Severity Scale, Aleppo and Idleb
- The launching ceremony of strategic projects package in the health sector, Al-Ameen Organization and MoH Syria, 24 August
- Proposal For Group Coaching Workshop
- On salary scale harmonization and other related costs
- Health Sector Syria Situation Update N16, violence in Sweida, 24 August 2025
- A few additional updates on escalation of violence in Sweida
- Line list of Syria health sector organizations
- A few updates: escalation of violence in Sweida
- Farmamundi call for partnership proposals in Syria
- Health Sector Syria Situation Update N15, violence in Sweida, 21 August 2025
- Weekly As-Sweida Escalation Response Tracker, COB 21 August 2025
- An urgent call to action from the Global Health Cluster
- On Al-Hol camp health sector coordination meeting, 14 August
- Invitation to attend the final conference of Shifa 2 campaign, 23 August, 13:00, Damascus University Auditorium
- Health Sector Syria Situation Update N14, violence in Sweida, 18 August 2025
- Biweekly national and sub-national health sector coordination updates, 1 - 15 August 2025
- A few updates - south and a bit more
- Quick Aleppo/Idleb sub-national health sector updates
- Invitation to Pilot ParityDx – AI Clinical Support for Real-World Conditions – Syria
- UNICEF National Call for Proposal Health and Nutrition -Deadline 2nd Sep 2025
- Health Sector Syria Situation Update N13, violence in Sweida, 12 August 2025
- Health Sector Emergency Response Plan, escalation of violence in Sweida
- Health Sector Syria Situation Update N12, violence in Sweida, 10 August 2025

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- Call for Expression of Interest| Syria Humanitarian Fund (SHF) 2025 Capacity Assessment for Prospective Partners| Deadline 28 August 2025
- Reminder (!) - Health Sector Emergency Response Plan, escalation of violence in Sweida, COB: 4 August
- Health Sector Syria Situation Update N11, violence in Sweida - 7 August
- Health Sector Syria Situation Update N10, violence in Sweida - 5 August
- Reminder (!) - Health Sector Emergency Response Plan, escalation of violence in Sweida, COB: 4 August
- Health Sector Summary of Reconstruction/Rehabilitation and Capacity Building for Q2 2025
- Coordination and Invitation – 1st European Pan-Arab Medical Congress (Damascus, Oct 2025)
- Offer - project document and proposal support
- Health Sector Syria Situation Update N9, violence in Sweida - 3 August
- Health Sector update, biweekly national and sub-national health sector coordination (16-31 July 2025)

Regular sector IM deliverables, <https://response.reliefweb.int/syria/health>

- Monthly health sector 4Ws
- Bi-week health sector coordination updates
- Health sector field directory
- Health sector, levels of operational engagement and contact list
- Overview, rehabilitation, and reconstruction of health-related facilities
- Overview, health sector supported capacity building events (trainings, workshops)
- Health sector bulletin
- Inventory of health sector projects
- Health sector referral pathway
- Health sector assessment registry
- NES operational coverage and NES camps operational coverage
- Health Resources and Services Availability Monitoring System (HeRAMS), public hospitals and health centres
- Early Warning, Alert and Response System (EWARS)
- Surveillance system for attacks on health care (SSA)
- Bi-monthly overview of social media publications by the MoH Syria
- Ad hoc health sector situation reports
- Monitoring of violence against health care (SSA)
- Ad hoc health sector situation reports

Available Health Information Management materials and sources:

- Health Sector materials on reliefweb: <https://response.reliefweb.int/syria/health>
- Links to interactive dashboards and updates: [Various interactive dashboards maintained by WHO Syria](#)

INFORMATION SOURCES:

<https://response.reliefweb.int/syria/health>
<https://www.facebook.com/MinistryOfHealthSYR>
<https://t.me/s/mohsyria>

The HRP projects are online and the FA is also on FTS. Tracking contributions:
<https://fts.unocha.org/plans/1276/summary>

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